



# Highlands High School

Twin Rivers Unified School District

6601 Guthrie Street

North Highlands, CA 95660

Counseling Office: (916) 566-3465 ext. 21861

Registrar's Office: (916) 566-3465 ext. 21864

Registrar's Email: [Stephanie.Lo@twinriversusd.org](mailto:Stephanie.Lo@twinriversusd.org)

Fax: (916) 566-7810

## Request for Transcript or Records

Date: \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

Signed release from former student (if requesting for someone else)

Picture Identification (if requesting for yourself)

Current Driver's License

Other government-issued picture ID (specify): \_\_\_\_\_

## Student Information

Name (as it appears on our record): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Month and Year of Graduation: \_\_\_\_\_

If **NOT** a graduate, indicate last semester attended: Fall \_\_\_\_\_ / Spring \_\_\_\_\_

Current name (if different): \_\_\_\_\_

Reason for name change (if applicable): \_\_\_\_\_

Verification provided for name change:

Marriage Certificate

Other legal document (specify): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Who and where to send transcript to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_